

K070813

**510(K) SUMMARY OF SAFETY AND EFFECTIVENESS**

This summary of safety and effectiveness is provided as part of this Premarket Notification in compliance with 21 CFR, Part 807, Subpart E, Section 807.92.

**1. Submitter's Information: 21 CFR 807.92(a)(1)**

MEDISON CO., LTD.  
1003, Daechi-dong, Gangnam-gu,  
Seoul 135-280, Korea

APR 10 2007

**Contact Person:**

Mr. Kyung-Am, Shim  
Regulatory Affairs Manager

Telephone: 82.2.2194.1381  
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Email: kashim@medison.com

**Data Prepared:** March 15, 2007

**2. Name of the device:**Common/Usual Name:

Diagnostic Ultrasound System and Accessories

Proprietary Name:

ACCUVIX V10 Diagnostic Ultrasound System

<u>Classification Names:</u>	<u>FR Number</u>	<u>Product Code</u>
Ultrasonic Pulsed Doppler Imaging System	892.1550	90-IYN
Ultrasound Pulsed Echo Imaging System	892.1560	90-IYO
Diagnostic Ultrasound Transducer	892.1570	90-ITX

**3. Identification of the predicate or legally marketed device:**

K052911, 10/31/2005, ACCUVIX XQ Diagnostic Ultrasound System  
K063580, 12/14/2006, SONOACE X8 Diagnostic Ultrasound System

**4. Device Description:**

The ACCUVIX V10 is a general purpose, mobile, software controlled, diagnostic ultrasound system. Its function is to acquire ultrasound data and to display the data as 2D mode, M mode, Color Doppler imaging, Power Doppler imaging, Harmonic imaging, and PW Spectral Doppler mode on the LCD display. It also provides the 3D imaging mode using the 3D probe in the Mechanical scan mode.

The ACCUVIX V10 has real time acoustic output display with two basic indices, a

mechanical index and a thermal index, which are both automatically displayed. The system also provides for the measurement of anatomical structures and for analysis packages that provide information used for clinical diagnostic purposes by competent health care professionals.

The ACCUVIX V10 has been designed to meet the following product safety standards:

- UL 60601-1, Safety requirements for Medical Equipment
- CSA C22.2 No. 601.1, Safety requirements for Medical Equipment
- IEC60601-2-37, Diagnostic Ultrasound Safety Standards
- EN/IEC60601-1, Safety requirements for Medical Equipment
- EN/IEC60601-1-2, EMC requirements for Medical Equipment y
- NEMA UD-2, Acoustic Output Measurement Standard for Diagnostic Ultrasound Equipment
- NEMA UD-3, Standard for Real Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment
- IEC 61157, Declaration of the acoustic output
- ISO10993-1, Biocompatibility

#### **5. Intended Uses:**

The ACCUVIX V10 system and transducers are intended for diagnostic ultrasound imaging and fluid analysis of the human body.

The clinical applications include:

Abdomen, OB, Gynecology, Contrast Agent, Small parts, Vascular, Muscular-skeletal, Pediatric Abdomen, Adult Cardiac, Pediatric Cardiology, TCD, Urology, Cardiac applications.

#### **6. Technological Characteristics:**

The ACCUVIX V10 is substantially equivalent to the ACCUVIX XQ Diagnostic Ultrasound System, cleared via K052911, and the SONOACE X8 Diagnostic Ultrasound System, cleared via K063580. All systems transmit ultrasonic energy into patients, then perform post processing of received echoes to generate on-screen display of anatomic structures and fluid flow within the body. All system allow for specialized measurements of structures and flow, and calculations.

**END of 510(K) Summary**



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Medison Co., Ltd.  
c/o Mr. Mark Job  
Responsible Third Party Official  
Regulatory Technology Services LLC  
1394 25<sup>th</sup> Street NW  
BUFFALO MN 55313

APR 10 2007

Re: K070813  
Trade Name: ACCUVIX V10 Diagnostic Ultrasound System  
Regulation Number: 21 CFR §892.1550  
Regulation Name: Ultrasonic pulsed doppler imaging system  
Regulatory Class: Class II  
Product Code: IYN, IYO and ITX  
Dated: March 23, 2007  
Received: March 26, 2007

Dear Mr. Job:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the ACCUVIX V10 Diagnostic Ultrasound System, as described in your premarket notification:

Transducer Model Number

3D2-5EH	3D2-5EL	3D2-6ET	3D4-8ET	3D4-9ES	C1-4EC
C2-5EL	C2-6IC	C3-7IM	C4-9/10ED	EC4-9IS	NER4-9ES
NEV4-9ES	L4-7EH	L5-12/50EP	L5-12ID	L6-12IS	L8-15IS
P2-4AC	P3-5AC	P3-7AC	CW 2.0	CW 4.0	

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>

If you have any questions regarding the content of this letter, please contact John Chen, Ph.D., at (240) 276-3666.

Sincerely yours,

  
*for* Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal and Radiological Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosures

## Section 4.3 INDICATIONS FOR USE

## DIAGNOSTIC ULTRASOUND INDICATIONS STATEMENT

510(k) No.:

Device Name: ACCUVIX V10 Diagnostic Ultrasound System

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	N	N	N	N	N	Note 1	Notes 2, 7, 8
	Abdominal	N	N	N	N	N	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	N	N	N	N	N	Note 1	Note 2,4,5,6,7,8,9
	Small Organ (See Note 5)	N	N	N		N	Note 1	Note 2,5,6,8,9
	Neonatal Cephalic	N	N	N	N	N	Note 1	
	Adult Cephalic	N	N	N	N	N	Note 1	Note 4, 7
	Trans-rectal	N	N	N		N	Note 1	Note 2, 3, 7, 8
	Trans-vaginal	N	N	N		N	Note 1	Note 2, 3, 7, 8
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	N	N	N		N	Note 1	Note 2,5,6,8,9
	Musculo-skel. (Superfic.)	N	N	N		N	Note 1	Note 2,5,6,8,9
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult	N	N	N	N	N	Note 1	Note 4, 7
	Cardiac Pediatric	N	N	N	N	N	Note 1	Note 4, 7
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N	N	N	Note 1	Note 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

## Additional Comments:

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

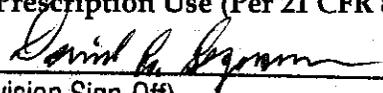
Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)



(Division Sign-Off)

Division of Reproductive, Abdominal, and  
Radiological Devices510(k) Number     K070813

## DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: 3D2-5EH for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

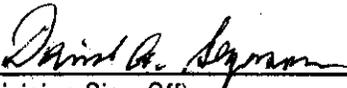
Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)  
Prescription Use (Per 21 CFR 801.109)**

  
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(Division Sign-Off)  
Division of Reproductive, Abdominal, and  
Radiological Devices  
510(k) Number     K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: 3D2-5EL for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David H. Syron*

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number K 070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: 3D2-6ET for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

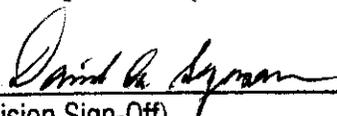
Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)  
Prescription Use (Per 21 CFR 801.109)**



(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: 3D4-8ET for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

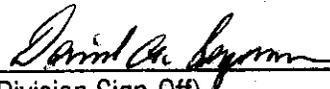
N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

- Color Doppler includes Power (Amplitude) Doppler
- Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD
- Note 2: Includes imaging for guidance of biopsy
- Note 3: Includes infertility monitoring of follicle development
- Note 4: Color M-mode
- Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
- Note 6: Abdominal organs and peripheral vessel
- Note 7: Tissue Harmonic Imaging (THI)
- Note 8: 3D imaging
- Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

  
 (Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number 2070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: 3D4-9ES for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)							
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)	
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal (See Note 3)								
	Abdominal								
	Intra-operative (See Note 6)								
	Intra-operative (Neuro.)								
	Laparoscopic								
	Pediatric								
	Small Organ (See Note 5)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal		P	P	P		P	Note 1	Notes 2, 7, 8
	Trans-vaginal		P	P	P		P	Note 1	Notes 2, 7, 8
	Trans-urethral								
	Trans-esoph. (non-Cardiac)								
	Musculo-skel. (Convent.)								
	Musculo-skel. (Superfic.)								
Intra-luminal									
Other (spec.)									
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Trans-esophageal (Cardiac)								
	Other (spec.)								
Peripheral Vessel	Peripheral vessel								
	Other (spec.)								

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Lyman*

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number 2070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: C1-4EC for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K060087; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Ferguson*

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number K070813

## DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: C2-5EL for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K032329 and K052911; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Anderson*  
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 (Division Sign-Off)  
 Division of Reproductive, Abdominal, and  
 Radiological Devices  
 510(k) Number       K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

**510(k) No.:**

**Device Name:** C2-6IC for use with ACCUVIX V10

**Intended Use:** Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
	Intra-luminal							
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K032329 and K052911; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

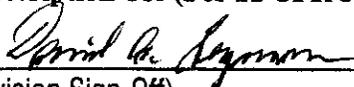
Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

  
 (Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: C3-7IM for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Notes 2, 7, 8
	Abdominal	P	P	P		P	Note 1	Notes 2, 7, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Notes 2, 7, 8
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K032329 and K052911; E= added under Appendix E

**Additional Comments:**

- Color Doppler includes Power (Amplitude) Doppler
- Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD
- Note 2: Includes imaging for guidance of biopsy
- Note 3: Includes infertility monitoring of follicle development
- Note 4: Color M-mode
- Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
- Note 6: Abdominal organs and peripheral vessel
- Note 7: Tissue Harmonic Imaging (THI)
- Note 8: 3D imaging
- Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Seymour*  
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 (Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number     K 070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: C4-9/10ED for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)	P	P	P		P	Note 1	Note 2, 8
	Abdominal	P	P	P		P	Note 1	Note 2, 8
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 8
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 8
	Neonatal Cephalic	P	P	P		P	Note 1	Note 2, 8
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 2, 8
	Other (spec.)							

N= new indication; P= previously cleared under K43455 and K053530; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*Erin A. DeGeron*  
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 (Division Sign-Off)

Division of Reproductive, Abdominal, and  
 Radiological Devices

510(k) Number     K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: EC4-9IS for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)							
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)	
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal (See Note 3)								
	Abdominal								
	Intra-operative (See Note 6)								
	Intra-operative (Neuro.)								
	Laparoscopic								
	Pediatric								
	Small Organ (See Note 5)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal		P	P	P		P	Note 1	Note 2, 7, 8
	Trans-vaginal		P	P	P		P	Note 1	Note 2, 7, 8
	Trans-urethral								
	Trans-esoph. (non-Cardiac)								
	Musculo-skel. (Convent.)								
	Musculo-skel. (Superfic.)								
Intra-luminal									
Other (spec.)									
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Trans-esophageal (Cardiac)								
	Other (spec.)								
Peripheral Vessel	Peripheral vessel								
	Other (spec.)								

N= new indication; P= previously cleared under K032329 and K052911; E= added under Appendix E

**Additional Comments:**

- Color Doppler includes Power (Amplitude) Doppler
- Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD
- Note 2: Includes imaging for guidance of biopsy
- Note 3: Includes infertility monitoring of follicle development
- Note 4: Color M-mode
- Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
- Note 6: Abdominal organs and peripheral vessel
- Note 7: Tissue Harmonic Imaging (THI)
- Note 8: 3D imaging
- Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*[Signature]*  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal, and  
 Radiological Devices  
 510(k) Number     K 070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: **NER4-9ES for use with ACCUVIX V10**

Intended Use: **Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:**

Clinical Application		Mode of Operation (*includes simultaneous B-mode)							
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)	
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal (See Note 3)								
	Abdominal								
	Intra-operative (See Note 6)								
	Intra-operative (Neuro.)								
	Laparoscopic								
	Pediatric								
	Small Organ (See Note 5)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal		P	P	P		P	Note 1	Note 2, 8
	Trans-vaginal		P	P	P		P	Note 1	Note 2, 8
	Trans-urethral								
	Trans-esoph. (non-Cardiac)								
	Musculo-skel. (Convent.)								
	Musculo-skel. (Superfic.)								
Intra-luminal									
Other (spec.)									
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Trans-esophageal (Cardiac)								
	Other (spec.)								
Peripheral Vessel	Peripheral vessel								
	Other (spec.)								

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David H. [Signature]*

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number     K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: **NEV4-9ES for use with ACCUVIX V10**

Intended Use: **Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:**

Clinical Application		Mode of Operation (*includes simultaneous B-mode)							
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)	
Ophthalmic	Ophthalmic								
Fetal Imaging & Other	Fetal (See Note 3)								
	Abdominal								
	Intra-operative (See Note 6)								
	Intra-operative (Neuro.)								
	Laparoscopic								
	Pediatric								
	Small Organ (See Note 5)								
	Neonatal Cephalic								
	Adult Cephalic								
	Trans-rectal		P	P	P		P	Note 1	Note 2, 8
	Trans-vaginal		P	P	P		P	Note 1	Note 2, 8
	Trans-urethral								
	Trans-esoph. (non-Cardiac)								
	Musculo-skel. (Convent.)								
	Musculo-skel. (Superfic.)								
Intra-luminal									
Other (spec.)									
Cardiac	Cardiac Adult								
	Cardiac Pediatric								
	Trans-esophageal (Cardiac)								
	Other (spec.)								
Peripheral Vessel	Peripheral vessel								
	Other (spec.)								

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Argum*  
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 (Division Sign-Off)

Division of Reproductive, Abdominal, and  
 Radiological Devices

510(k) Number     K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: L4-7EH for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)  
Prescription Use (Per 21 CFR 801.109)**

*David La Segarra*  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal, and  
 Radiological Devices  
 510(k) Number K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: L5-12/50EP for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Other (spec.)							

N= new indication; P= previously cleared under K063580; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

*David A. Ferguson*  
 (Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number 2070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: **L5-12ID for use with ACCUVIX V10**

Intended Use: **Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:**

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	N	N	N		N	Note 1	Note 2, 5, 6, 7, 9
	Small Organ (See Note 5)	N	N	N		N	Note 1	Note 2, 5, 6, 7, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	N	N	N		N	Note 1	Note 2, 5, 6, 7, 9
	Musculo-skel. (Superfic.)	N	N	N		N	Note 1	Note 2, 5, 6, 7, 9
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	N	N	N		N	Note 1	Note 2, 5, 6, 7, 9
	Other (spec.)							

N= new indication; P= previously cleared by FDA; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Bergman*  
 (Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number     K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: L6-12IS for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Intra-luminal							
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 2, 5, 6, 7, 9
	Other (spec.)							

N= new indication; P= previously cleared under K052911; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Lynn*  
 (Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number K070813

## DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: L8-15IS for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Small Organ (See Note 5)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Neonatal Cephalic							
	Adult Cephalic							
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Musculo-skel. (Superfic.)	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Intra-luminal							
Other (spec.)								
Cardiac	Cardiac Adult							
	Cardiac Pediatric							
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel	P	P	P		P	Note 1	Note 2, 5, 6, 9
	Other (spec.)							

N= new indication; P= previously cleared under K052911; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Seymour*

(Division Sign-Off)

Division of Reproductive, Abdominal, and  
Radiological Devices

510(k) Number     R070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: P2-4AC for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal	P	P	P	P	P	Note 1	Note 4, 7
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	P	Note 1	Note 4, 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult	P	P	P	P	P	Note 1	Note 4, 7
	Cardiac Pediatric	P	P	P	P	P	Note 1	Note 4, 7
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared under K052911 and K060087; E= added under Appendix E

**Additional Comments:**

- Color Doppler includes Power (Amplitude) Doppler
- Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD
- Note 2: Includes imaging for guidance of biopsy
- Note 3: Includes infertility monitoring of follicle development
- Note 4: Color M-mode
- Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
- Note 6: Abdominal organs and peripheral vessel
- Note 7: Tissue Harmonic Imaging (THI)
- Note 8: 3D imaging
- Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Segerson*  
 (Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number     K070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: P3-5AC for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal	P	P	P	P	P	Note 1	Note 4, 7
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	P	Note 1	Note 4, 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult	P	P	P	P	P	Note 1	Note 4, 7
	Cardiac Pediatric	P	P	P	P	P	Note 1	Note 4, 7
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K06008; E= added under Appendix E

**Additional Comments:**

- Color Doppler includes Power (Amplitude) Doppler
- Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD
- Note 2: Includes imaging for guidance of biopsy
- Note 3: Includes infertility monitoring of follicle development
- Note 4: Color M-mode
- Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients
- Note 6: Abdominal organs and peripheral vessel
- Note 7: Tissue Harmonic Imaging (THI)
- Note 8: 3D imaging
- Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David H. Seymour*

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number

R070813

## DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT

510(k) No.:

Device Name: P3-7AC for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal	P	P	P	P	P	Note 1	Note 4, 7
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic	P	P	P	P	P	Note 1	Note 4, 7
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult	P	P	P	P	P	Note 1	Note 4, 7
	Cardiac Pediatric	P	P	P	P	P	Note 1	Note 4, 7
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel							
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K06008; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

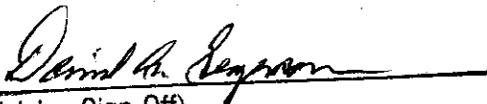
Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)  
Prescription Use (Per 21 CFR 801.109)**

  
(Division Sign-Off)  
Division of Reproductive, Abdominal, and  
Radiological Devices  
510(k) Number R070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: CW 2.0 for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric							
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic					P		
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult					P		
	Cardiac Pediatric					P		
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel					P		
	Other (spec.)							

N= new indication; P= previously cleared K052911 and K06008; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

*David A. Seymour*

(Division Sign-Off)

Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number R070813

**DIAGNOSTIC ULTRASOUND INDICATIONS FOR USE STATEMENT**

510(k) No.:

Device Name: CW 4.0 for use with ACCUVIX V10

Intended Use: Diagnostic ultrasound imaging or fluid flow analysis of the human body as follows:

Clinical Application		Mode of Operation (*includes simultaneous B-mode)						
General (Track I only)	Specific (Tracks I & III)	B	M	PWD	CWD	Color Doppler*	Combined* (Spec.)	Other (Spec.)
Ophthalmic	Ophthalmic							
Fetal Imaging & Other	Fetal (See Note 3)							
	Abdominal							
	Intra-operative (See Note 6)							
	Intra-operative (Neuro.)							
	Laparoscopic							
	Pediatric					P		
	Small Organ (See Note 5)							
	Neonatal Cephalic							
	Adult Cephalic					P		
	Trans-rectal							
	Trans-vaginal							
	Trans-urethral							
	Trans-esoph. (non-Cardiac)							
	Musculo-skel. (Convent.)							
	Musculo-skel. (Superfic.)							
Intra-luminal								
Other (spec.)								
Cardiac	Cardiac Adult					P		
	Cardiac Pediatric					P		
	Trans-esophageal (Cardiac)							
	Other (spec.)							
Peripheral Vessel	Peripheral vessel					P		
	Other (spec.)							

N= new indication; P= previously cleared by K052911 and K06008; E= added under Appendix E

**Additional Comments:**

Color Doppler includes Power (Amplitude) Doppler

Note 1: B/M, B/PWD, B/CWD, B/Color Doppler, B/PWD/Color Doppler, B/Color Doppler/M, B/Color Doppler/CWD

Note 2: Includes imaging for guidance of biopsy

Note 3: Includes infertility monitoring of follicle development

Note 4: Color M-mode

Note 5: For example: thyroid, parathyroid, breast, scrotum and penis in adult, pediatric and neonatal patients

Note 6: Abdominal organs and peripheral vessel

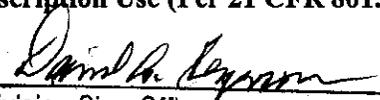
Note 7: Tissue Harmonic Imaging (THI)

Note 8: 3D imaging

Note 9: Panoramic imaging

**Concurrence of CDRH, Office of Device Evaluation (ODE)**

**Prescription Use (Per 21 CFR 801.109)**

  
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Division of Reproductive, Abdominal, and Radiological Devices

510(k) Number K070813